THE STRONG HEART STUDY V
CARDIOVASCULAR DISEASE IN AMERICAN INDIANS
HEART FAILURE PROCEDURES

SHS ID: __________________________ Date of Event: __________/_____/______ |
mouth day year

A. ATRIAL FIBRILLATION AT TIME OF CHF? Yes [____] 1  No [____] 2  Unknown [____] 9

B. WHICH IMAGING STUDY WAS PERFORMED DURING THIS ADMISSION? Please check ALL that were done. If more than one imaging study was done in the same admission, please use one of these forms for EACH IMAGING STUDY to record the results of that study.

[____] 1  Echocardiogram
[____] 2  Nuclear Imaging
[____] 3  Invasive Angiogram
[____] 4  CT Angiogram
[____] 5  MRI Angiogram
[____] 6  Other, Specify: ____________________________________________
[____] 7  Not sure, no results found in chart
[____] 8  None

If not sure or none, skip to Section C.

1. Name of test: _________________________________________________________

2. Date of test: ______/_____/______ |

   month day year

3. Facility name: _________________________________________________________

   City/State: ____________________________________________________________

4. Ejection fraction: Measured: | _____ | %  Estimated: | _____ | %

   If % not stated, 777 = normal, or range > 50%  888 = abnormal, or range < 50%  999 = unknown/no response

5. Ejection fraction interpretation: Normal [_____] 1  Depressed [_____] 2  NR [_____] 9

6. Segmental wall motion abnormalities? Yes [_____] 1  No [_____] 2  NR [_____] 9

   If yes, degree of abnormality: Mild [_____] 1  Moderate [_____] 2  Severe [_____] 3 Unknown [_____] 9

7. Transmitral time: E Velocity: _____ cm/sec  A Velocity: _____ cm/sec  Peak E/A Ratio: ______

   Decel. Time: _____ msec  IVRT: _____  Septal E': _____ Peak S': _____ Septal A': _____

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8. Valvular disease?  
   Yes [___] 1  No [___] 2  Unknown [___] 9  
   If No or Unknown, go to Q9.
   
   a. Mitral regurgitation/insufficiency:  
      1+ [___] 1  2+ [___] 2  3+ [___] 3  4+ [___] 4  Unknown [___] 9  
   b. Mitral stenosis:  
      Mild [___] 1  Moderate [___] 2  Severe [___] 3  Unknown [___] 9  
   c. Aortic regurgitation/insufficiency:  
      1+ [___] 1  2+ [___] 2  3+ [___] 3  4+ [___] 4  Unknown [___] 9  
   d. Aortic stenosis:  
      Mild [___] 1  Moderate [___] 2  Severe [___] 3  Unknown [___] 9  
   e. Tricuspid regurgitation:  
      1+ [___] 1  2+ [___] 2  3+ [___] 3  4+ [___] 4  Unknown [___] 9  

9. Right ventricular systolic pressure/PA systolic pressure (mmHg): [___] [___] [___]  
   If not stated, 777 = normal  888 = abnormal  999 = unknown/no response  

C. B-TYPE NATRIURETIC PEPTIDE (BT-BNP): [______] pg/ml. Upper Limit of Normal: [______] pg/ml  
   N-TYPE NATRIURETIC PEPTIDE (NT-BNP): [______] pg/ml. Upper Limit of Normal: [______] pg/ml  

D. CARDIOMYOPATHY DIAGNOSIS: Ischemic: [____]  Non-Ischemic: [____]  Hypertrophic: [____]  
   Valvular disease: [____]  Acute MI: [____]  NR [___] 9  
   No cardiomyopathy [____]  

Reviewer Code: [______]  
Review Date: [___] [___] / [___] [___] / [___] [___] [___]  
month  day  year